



HMIS Household Form - Other Adults

* **First Name:** _____

* **Last Name:** _____

(For Record Keeping, List
Head of Household's Name: _____)

* **Birth Date:** ____ / ____ / ____

* **Birth Date** ☐ Full DOB ☐ Aproximate or Partial

Data Quality: ☐ Don't Know ☐ Refused - If estimated list Age: ____

* **Gender:** ☐ Male ☐ Female

Transgender - ☐ M2F ☐ F2M

☐ Don't Know ☐ Refused ☐ Other

* **Social Security Number:** _____ - _____ - _____

* **SSN Data Quality:** ☐ Full SSN ☐ Partial SSN

☐ Don't Know ☐ Refused

* **Race** (multiple-choice):

☐ American Indian or Alaskan Native

☐ White

☐ Native Hawaiian / Pacific Islander

☐ Black or African-American

☐ Asian

☐ Don't Know

☐ Refused

* **Ethnicity:** ☐ Hispanic / Latino ☐ Non-Hispanic ☐ Don't Know ☐ Refused

* **Head of Household?** ☐ No ☐ Yes

* **Relationship to Head:** ☐ Self ☐ Spouse ☐ Child ☐ Adult Child ☐ Parent ☐ Sibling ☐ Friend ☐ Grandparent ☐ Grandchild ☐ Other Relative

* **Move In Date:** ____ / ____ / ____ **Move Out Date:** ____ / ____ / ____

If a family member moves out before the rest of the family please enter their Move Out Date above and then fill out a Discharge Form for that person.

Information Collected at Intake and at least once annually: For annual updates, please enter the **Collection Date:** ____ / ____ / ____

* **Income Received in Past 30 Days?** ☐ No ☐ Yes ☐ Don't Know ☐ Refused

If "Yes", check off all that apply and list amounts:

<input type="checkbox"/> Earned Income: \$_____	<input type="checkbox"/> Unemployment Benefits: \$_____	<input type="checkbox"/> Veteran's Pension: \$_____
<input type="checkbox"/> SSI: \$_____	<input type="checkbox"/> SSDI: \$_____	<input type="checkbox"/> Pension from a Former Job: \$_____
<input type="checkbox"/> Veteran's Disability Payment: \$_____	<input type="checkbox"/> Private Disability Insurance: \$_____	<input type="checkbox"/> Alimony / Spousal Support: \$_____
<input type="checkbox"/> Worker's Compensation: \$_____	<input type="checkbox"/> TANF: \$_____	<input type="checkbox"/> Child Support: \$_____
<input type="checkbox"/> General Public Assistance: \$_____	<input type="checkbox"/> Retirement Income from SSA: \$_____	<input type="checkbox"/> Other: \$_____

* **Non-Cash Benefits Received in Past 30 Days?** ☐ No ☐ Yes ☐ Don't Know ☐ Refused

If "Yes", check off all that apply:

<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> MEDICAID health insurance	<input type="checkbox"/> Temporary Rental Assistance
<input type="checkbox"/> MEDICARE health insurance	<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Other Source
<input type="checkbox"/> Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Veteran's Administration Medical Services	
<input type="checkbox"/> TANF Child-Care Services	<input type="checkbox"/> TANF Transportation Service	
<input type="checkbox"/> Other TANF-Funded Services	<input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance	

* Residence Prior to Program Entry:			
<input type="radio"/> Emergency Shelter, including hotel or motel paid for with an emergency shelter voucher <input type="radio"/> Transitional housing for homeless persons <input type="radio"/> Permanent supportive housing for formerly homeless persons <input type="radio"/> Psychiatric hospital or other psychiatric facility <input type="radio"/> Substance abuse treatment facility or detox center <input type="radio"/> Hospital (non-psychiatric facility) <input type="radio"/> Jail, prison or juvenile detention facility <input type="radio"/> Staying or living in a family member's room, apartment, or house <input type="radio"/> Staying or living in a friend's room, apartment, or house <input type="radio"/> Hotel or motel paid for without emergency shelter voucher		<input type="radio"/> Foster care home or foster care group home <input type="radio"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train station or anywhere outside) <input type="radio"/> Safe Haven <input type="radio"/> Rental by Client, with Veterans Admin housing subsidy (VASH) <input type="radio"/> Rental by Client, with other housing subsidy (non-VASH) <input type="radio"/> Rental by client, no housing subsidy <input type="radio"/> Owned by client, with housing subsidy <input type="radio"/> Owned by client, no housing subsidy <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Length of Stay at Previous Residence: <input type="radio"/> One week or less <input type="radio"/> > 1 week & < 1 Month <input type="radio"/> 1 to 3 months <input type="radio"/> > 3 months & < 1 year <input type="radio"/> 1 year or longer <input type="radio"/> Don't Know <input type="radio"/> Refused		* Zip Code: _____ * Zip Code Data Quality: <input type="radio"/> Full Zip Code <input type="radio"/> Partial Zip Code <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Housing Status: <input type="radio"/> Literally Homeless <input type="radio"/> Imminently Losing Housing (within 2 weeks) <input type="radio"/> Unstably Housed and At Risk of Losing Housing <input type="radio"/> Stably Housed <input type="radio"/> Don't Know <input type="radio"/> Refused			
* Veteran Status: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		* Disabling Condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes - Diagnosable Substance Abuse Disorder <input type="radio"/> Yes - Serious Mental Illness <input type="radio"/> Yes - Developmental Disability <input type="radio"/> Yes - Chronic Physical Disability or Illness <input type="radio"/> Yes - Dually Diagnosed <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Highest Level of School Completed: <input type="radio"/> No schooling completed <input type="radio"/> 12th Grade but No Diploma <input type="radio"/> Nursery School to 4th Grade <input type="radio"/> High School Diploma <input type="radio"/> 5th or 6th Grade <input type="radio"/> GED <input type="radio"/> 7th or 8th Grade <input type="radio"/> Post-Secondary School <input type="radio"/> 9th Grade <input type="radio"/> Don't Know <input type="radio"/> 10th Grade <input type="radio"/> Refused <input type="radio"/> 11th Grade			
Special Needs			
Does the client have this condition: If Yes, is the Client receiving services or treatment for this condition:			
* Physical Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Developmental Disability: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Chronic Health Condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
* HIV / AIDS: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Mental Health: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
* Substance Abuse Problem: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused		> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
If "Yes" select type: <input type="radio"/> Alcohol Abuse <input type="radio"/> Drug Abuse <input type="radio"/> Both Drug & Alcohol Abuse			
* Domestic Violence Victim: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused			
If Yes, how long ago did the experience occur: <input type="radio"/> Within the past 3 months <input type="radio"/> 3 to 6 months ago <input type="radio"/> 6 to 12 months ago <input type="radio"/> More than 12 months <input type="radio"/> Don't Know <input type="radio"/> Refused			
* Note: A serious disability is expected to be of a long-continued and indefinite duration and substantially impair the client's ability to live independently. The client may have special needs that do not qualify as disabling conditions.			